	THE DIVISION OF H	EALTH OF MISSOURI	
Health,	FILED JAN 13 1958 STANDARD CERTI	FICATE OF DEATH	
& Welfare . Public : Service	Registration District No318	rimary Registration District No. 1003 Registrar's No.	
. 3417107	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	_
	a. COUNTY	a. STATE Missouri b. COUNTY	
5. 300 5. 1.56 D	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limit	s c. CITY Inside Limits	
. 1-56 U	TOWN St. Louis	TOWN St. Louis Yes K No D	
•	c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1 HOSPITAL OR	16 0	 n
E .	69 INSTITUTION DePaul Hospital 3 days	ADDRESS 1417 Angelica St. Yes No D	
will be listed. Afto natural causes.	3. NAME OF First Middle	Last 4. DATE Month Day Year	_
listed. ral caus	(Type or print) JOHN EDWARD MUL	DROVCIC DEATH Dec. 26, 1957	
be l atur	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	_
1 of		Aug. 17, 1890 67	
•	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (City and state or country) 8 12. CITIZEN OF WHAT COUNTRY!	_
to du	Chipper Iron Fdy. Iron Fdy.	Novi, Yugoslavia U.S.A.	
symptoms death due OSSIBLE	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0 0 C	Matthew Mudrovcic	Maria Svetko	
포호뜨	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	D. 17. INFORMANT Address	
tem 18. certify WRITE		OlRose Mudrovcic, 1417 Angelica St.	_
menclature in item 18. No symptoms Coroner cannot certify to a death du RIBBON TYPEWRITE IF POSSIBLE	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
in i not 'PE	IMMEDIATE CAUSE (a) Herror Chage	from anodenst will 3 da	
omenclature in i Coroner cannot RIBBON TYPE	11		
5 NO	Conditions, if any. which gave rise to		
enc pron	above cause (a), staing the under-		
	lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY	=
ard no ard. (The state state of the state of	PERFORMED?	-
st use only standard be casually related ONLY BLACK INK	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
, X	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCUP	(Zater Radice by rigary in 1 are 1 by 2 are 10 y were 10)	
only ruall BLA			-
Se c Casi	VOC. TIME OF Hour Month, Day, Year INJURY a. m. p. m.	•	
P P P	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about hom	e, 20/. CITY, TOWN, OR LOCATION COUNTY STATE	-
c. must must b	WHILE AT NOT WHILE TO Farm, factory, street, office bldg., etc.) AT WORK		
į Ē Š	21. I attended the deceased from the 23 -147, to	Dec 16 - 'N and last saw him alive on Dec 16-191	7
. t	O D W	ite stated above; and to the best of my knowledge, from the causes stated.	٠.
9 6	22d. SIGNATURE (Degree or title)	O 226. ADDRESS 1 22c. DATE SIGNED	_
s ir	John of Manney MA	1014 Thella av 10/27/5-	<u>. </u>
, og 0	236. BURIAL, CREMATION, 230. DATE 236 NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Sthip)	
Doctor, coroner, diseases in Part	Burial 12-30-57 Calvary Cem	etery St. Louis, Missouri	_
	24. FUNERAL DIRECTOR ADDRESS 25.	DATE RECD. BY LOCAL REG. 26. REGISTRAR'S 25 NATURE	
	Stock Mortuary, 2117 E. Grand Bl.	BEC 27 57 J. Earl Smith, m. S	_
	(Licensed Embalmer's State	ement on Reverse Side) / 3P.	

STATEMENT BY LICENSED EMBALMER

Licensed Embalmen No

P. O. Addres

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was er
by me, or by	Student Embalmer No
working under my personal supervision.	
Student	Signed Paul a. Wacht

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.